

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301  
Indianapolis, IN 46204  
(317) 233-0696  
<http://www.in.gov/legislative>

**FISCAL IMPACT STATEMENT**

**LS 6155**

**BILL NUMBER:** HB 1360

**NOTE PREPARED:** Dec 9, 2009

**BILL AMENDED:**

**SUBJECT:** Vaccines Containing Thimerosal.

**FIRST AUTHOR:** Rep. Bell

**FIRST SPONSOR:**

**BILL STATUS:** As Introduced

**FUNDS AFFECTED:** ☒ **GENERAL**  
☒ **DEDICATED**  
☒ **FEDERAL**

**IMPACT:** State & Local

**Summary of Legislation:** This bill prohibits the administration of influenza vaccines containing thimerosal to: (1) children at least 6 months but less than 36 months of age; and (2) pregnant women; unless no alternative vaccines are available or unless there is an emergency.

The bill requires the State Department of Health (ISDH) to develop informational materials concerning trace amounts of mercury in vaccines to give to individuals administering vaccines. It also requires the ISDH to study the feasibility of requiring all vaccines used in Indiana to be free of thimerosal.

The bill also requires individuals administering vaccines to give informational materials concerning trace amounts of mercury in vaccines to individuals receiving vaccines. It further provides that a health care practitioner may be subject to disciplinary sanctions for failure to comply with these requirements.

**Effective Date:** July 1, 2010.

**Explanation of State Expenditures:** Currently, pediatric influenza vaccine packaged in multiple dose vials is the only pediatric vaccine that is not thimerosal-free. Thimerosal-free adult and pediatric influenza vaccines are available at a higher cost per dose than those containing thimerosal.

*Thimerosal-Free Requirement:* This bill may not necessarily increase state public vaccine program expenditures to provide thimerosal-free influenza immunizations to children between the ages of six months and three years. Government-provided influenza immunizations for the age cohort defined in the bill are provided from a combination of state General Funds, dedicated funds, and the federal Vaccines for Children (VFC) and 317 Programs. The funding source of the vaccine would determine the fiscal impact of the

provision. The federal VFC Program provides, at no charge, vaccines for children under age 18 who are enrolled in Medicaid, uninsured, underinsured, and American Indians. The Indiana Children's Health Insurance Program (CHIP) also purchases vaccines through the VFC Program using dedicated Tobacco Master Settlement Agreement funds as the state match for the purchase.

If CHIP children are required to receive thimerosal-free immunizations, CHIP costs can increase by \$0.75 to \$1.35 per inoculation, of which, approximately 76% would be reimbursed by the federal government. The actual increase in expenditures is indeterminable.

ISDH reports that currently the VFC Program provides both types of influenza vaccines: thimerosal and thimerosal-free. Of the influenza vaccines tracked on the Children and Hoosiers Immunization Registry Program (CHIRP) and administered in CY 2009 to children between six months and three years of age, 8,907 contained thimerosal and 17,391 did not. Under the bill's requirements, an estimated 8,900 vaccines would require substitution.

Additionally, ISDH reports that of all H1N1 influenza vaccines provided to children between the ages of six months and three years of age, 14,641 contained thimerosal and 18,703 were thimerosal-free. H1N1 influenza vaccines would not be affected by the bill's requirements since the President declared H1N1 a public health emergency on April 26, 2009.

Vaccines for pregnant women over the age of 18 years are generally not available through ISDH immunization programs with the exception of very limited federal 317 Program funds. The state may, however, experience additional costs under the Medicaid Program if Medicaid-eligible pregnant mothers would be administered thimerosal-free influenza immunizations in lieu of an immunization that contains thimerosal. Low-income pregnant women up to 200% of the federal poverty level would be eligible for vaccines administered within the Medicaid Program. There are no data available on the influenza immunization status for pregnant women as pregnancy status is not routinely tracked nor are there data on any other adult vaccines that may be given to pregnant women that might contain thimerosal.

*State Employee Benefits:* There are no data on the potential impact to state-administered employee benefits. [This information will be added later if it becomes available.]

*Information Requirement:* The bill requires ISDH to prepare information on the use of thimerosal and other vaccine preservatives for distribution to parents, guardians, or vaccine recipients when administering vaccines. ISDH reports that currently all providers who administer immunizations are required by federal law to distribute Vaccine Information Statements (VIS) to patients every time a vaccine is administered. The VIS statements are published by the U.S. Centers for Disease Control and Prevention (CDC) and are updated regularly. VIS statements discuss the use of thimerosal and other vaccine preservatives. Requiring the distribution of informational materials to vaccine recipients will have no fiscal impact on the state.

*Reporting Requirement:* ISDH would be required to study and determine the feasibility of requiring all vaccines in the state be thimerosal-free. ISDH reports they do not have any information regarding vaccinations provided to patients in the private sector. Assuming this information is required for reporting purposes, it would most likely be supplied from pharmaceutical companies and would limit the information that would be necessary to gather. This provision will increase the workload of ISDH staff to study and report findings by October 1, 2010.

**Explanation of State Revenues:** The bill also adds that practitioners who fail to provide a patient with

required information are subject to penalty under IC 25-1-9-9, which includes a fine not to exceed \$1,000 per violation. State revenue would increase to the extent that violations are discovered and fines are collected. The increase in state revenue would likely be small.

**Explanation of Local Expenditures:** This bill may not necessarily increase local expenditures to provide thimerosal-free influenza immunizations to children between the ages of six months and three years and to pregnant mothers. Any increases in expenditures will depend on the funding sources and information described in the *Explanation of State Expenditures*, above.

**Explanation of Local Revenues:**

**State Agencies Affected:** ISDH; Office of Medicaid Policy and Planning, Family and Social Services Administration.

**Local Agencies Affected:** Local health departments

**Information Sources:** CDC; ISDH.

**Fiscal Analyst:** Kathy Norris, 317-234-1360.